

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 22, 2003

RE: MDR Tracking #: M2-03-0762-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant reportedly sustained a compensable work injury on ___. The claimant has radicular symptoms and evidence on MRI of multi-level degenerative disc disease and subligamentous disc herniations. The claimant has failed conservative management including physical therapy and epidural steroid injections. The treating physician now requests discography.

Requested Service(s)

Lumbar discography

Decision

I disagree with the insurance carrier and find that the procedure is medically necessary.

Rationale/Basis for Decision

The previous denial was based on a misrepresentation by the doctor. It appears that the doctor made a statement that the doctor, a neurosurgeon, felt the claimant was not a surgical candidate. However, on review of the doctor note of 10/31/02, he states "He may eventually require surgical treatment but I would certainly urge conservative measures first." Since 10/31/02, the claimant had failed a series of epidural Cortisone injections. The treating orthopedic spinal surgeon now requests discography as a prelude to possible surgical intervention. In summary, the claimant has a compensable work injury to the back with radicular symptoms and evidence of multi-level disc degeneration and herniation on MRI and has failed a period of aggressive conservative management including epidural steroid injections and the treating orthopedic spinal

surgeon is anticipating surgical intervention if the results of the discography so indicate. the doctor assessment is consistent with this.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 22 nd day of April 2003.
